

Volunteer Registration

Name		Organization
Address		
City	State	Zip
Home phone	Work phone	E-mail
Volunteer Waiver		
members, officers, agen whatsoever nature whic "Adopt a Park" program volunteer activities for t understand that the work	and indemnify the City of Good ts and assigns, from any and h may be incurred by me as in ("Program") sponsored by the City of Goodyear will not be	olunteer my time and services hereby agree to odyear, its officers, agents and assigns, and its all liability or claims of injury or damages of a result of my voluntary participation in the the City of Goodyear. I understand that my be covered by workers compensation. I further included activities hazardous to the volunteer,
	equipment or buildings with sup	pe or shovel to assist with the clean-up process; pplied paint and rollers; creating a list of broken
		le to do the various activities described above might prevent me from doing the same.
		at my parent or guardian has full knowledge of mission to participate, as evidenced by his/her
photographic images as volunteer's activities with	nd video or audio recordings	r all rights, title, and interest in any and all a made by the City of Goodyear during the ading but not limited to, any royalties, proceeds ordings.
	not age 18 or older, parent/gua	rdian must co sign balow) Data

Parental/Guardian Consent if Volunteer is less than age 18 In consideration of the opportunity afforded _____ ____(Name of child) to assist as a volunteer in the Project, and in light of the aims and purposes of the community service provided by the Program, I give my consent for my child to participate in the Project. I, on behalf of my child and myself, agree to the terms and conditions contained herein such that all understandings, releases, waivers, and other agreements shall be binding upon me and my child with respect to the participation of my child in the Project. Without limiting the generality of the foregoing, I, on behalf of my child and myself, do hereby release and forever discharge and hold harmless the City of Goodyear, its officers, agents and assigns, and its members, officers, agents and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child's activities as a volunteer with respect to the Project. PARENT/GUARDIAN (Undersigned has read the above and understands this waiver.) Signed this ______, 20____. Parent Name (Signature):______(Print) _____ Parent Name (Signature):______(Print) Phone: Email: In the event that I cannot be reached in an emergency, the following person is authorized to act on my behalf with respect to my child: Name (print): Relationship to Child:

Thank you for Volunteering!

Phone Number(s):

City of Goodyear P.O. Box 5100 Goodyear, Arizona 85338 623.932.3910